PTO/SB/22 (12-04)
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| ARTHRON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | Docket Number (Optional) | |
|---|----------------------------------|---|---------------------|--------------------------|---------------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | M4065.0 | 404/P404 |
| Application Number 09/730,780-Conf. #9134 | | | | Filed December 7, 2000 | |
| For ARBITRATION METHOD FOR A SOURCE STROBED BUS | | | | | |
| Art Unit 2112 | | | | Examiner | C. E. Lee |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | X One month (37 C | FR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ 120.00 |
| | Two months (37 | CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| | Three months (37 CFR 1.17(a)(3)) | | \$1020 | \$510 | \$ |
| | Four months (37 | CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| | Five months (37 | CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. X Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpaymer Deposit Account Number 04-1073 . I have enclosed a duplicate copy of this sheet. | | | | | any overpayment, to |
| I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| | x attorne | y or agent of record. F | Registration Number | r28,371 | |
| | | y or a gent un der 37 Cl tration number if acting u | | | · |
| Signature | | | | June 30, 2005 Date | |
| Signature Thomas J. D'Amico | | | | (202) 828-2232 | |
| _ | | ed or printed name | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted. | | | | | |

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